

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

Facility 17625 Service: DTV Call KFXB-TV Channel: 14 (UHF)

ID: Sign:

File 0000027784

Number:

FRN: **0013774344** Date **07/31** 

Submitted: /2017

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
CHRISTIAN TELEVISION NETWORK OF IOWA, INC. Doing Business As: Christian Television Network of Iowa, Inc.	Thomas Bond 744 Main Street Dubuque, IA 52001 United States	+1 (563) 690-1704	tbond@mchsi. com	Not-for- Profit

### Reimbursement Contact Name and Information

Contact Information	Applicant	Address	Phone	Email
	[Confidential]			

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey. com

#### Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	KFXB will install temp low power antenna & line. Then, existing xmtr will feed temp LP antenna thru mask filter. Removal of old antenna. Then, installation of new xmtr, mask filter and antenna to begin.

#### **Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

#### Primary Transmitter

#### **Add Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	Visionary
	Year	2004
	Туре	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	29 kW

#### Primary Transmitter

#### **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	Parallax
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	27.5 kW
	Justification for New Transmitter	Manufacturer (Axcera) no longer in business. Existing transmitter not supported.

#### Primary Transmitter

#### **Other Transmitter Costs**

Service Entrance (3 phases 800A 208V)  Switchgear (industrial 800 amp)	No No
	No
T ( (400) 0	
Transformer (480V)	No
Power	N/A
Rigid Conduit and Wiring	No
Size	N/A
Length	N/A
Other Electrical Service	Yes
	Rigid Conduit and Wiring Size Length

	Description	additional breakers in panel, EMT or flexible metal conduit, misc wiring
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	10

#### Primary Transmitter

#### **Other Transmitter Cost Not Listed**

Name	Description
plumbing	plumbing for heat exchanger
transmission line	transmitter building interior transmission line components for transmitter interconnects
anti-freeze	coolant anti-freeze

#### **Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

#### **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

Manufacturer	
Model	ATW16H3- HTC4-43S
Year	2009

#### **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	534.0 kW
	Manufacturer	

Model	ATW11H4- HTC4-14H
Year	2017
Justification for New Antenna	Existing antenna cannot be re-channeled.

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

#### **Other Antenna Cost Not Listed**

Name	Description
temporary antenna	A temporary low power antenna & line will be needed during the re-channeling process to keep KFXB on the air.

# Transmission Section Question Response Line Transmission Line Pelated Expenses Do you have transmission line related expenses? Po you have transmission line related expenses?

#### **Existing Transmission Line**

Primary	
Transmission	าร
Line	Ĭ

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	ERI
Line Manufacturer and Type	Туре	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	900 feet per run

#### Other Transmission Line Expenses Not Listed

**Primary** 

**Transmission** nformation not provided.

Line

#### **New Transmission Line**

Interim	IN
Transmission	ns
Line	
•	

on <sub>Section</sub>	Question	Response
New Transmission Line	Use	Interim
Costs	Description of Use	N/A
	Change Type	Purchase New
	Туре	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	750 feet per
	Justification for New Transmission Line	to feed interim antenna which will keep KFXB on the air during modification

of facility

#### Other Transmission Line Expenses Not Listed

Interim	Other Transmission Line Expenses Not Listed		
Transmissio Line	n <sub>Name</sub>	Description	
20	misc hardware	connectors, hanging brackets, etc.	

# Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

#### Primary Tower

#### **Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure	Do you have a tower registration number?	Yes
Registration	ASR Number	1055265
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	42° 31' 09.0" N-
	Longitude (NAD83)	090° 37' 11.0" W-
	Overall Structure Height	836.93 feet
	Support Structure Height	789.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	859.90 feet

Structure Type	TOWER - Free Standing or
	Guyed
	Structure
Tower Owner	Second Generation Realty of Iowa
Date Constructed	01/01/1976

#### Primary Tower

#### **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

#### Primary Tower

Other Tower Expenses Not Listed

#### Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	2
	Justification	optimization of existing transmission line to operated on new channel

Other Professional Services Expenses Not Listed

Outside
Professional Information not provided.
Services
Costs

# Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD  Notification of a Channel Change?	Yes

Other Expenses Not Listed

**Expenses** Information not provided.

#### **Transmitters**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter Parallax	\$1,219,060.00	\$1,106,183.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$846,983.00	N/A	N/A	N/A
transmission line	\$5,000.00	\$5,000.00	N/A	N/A	N/A
plumbing	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Other Electrical Service: additional breakers in panel, EMT or flexible metal conduit, misc wiring	<i>\$7,000.00</i>	\$7,000.00	N/A	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A
Additional field engineering time, 10-30 days	\$63,100.00	\$60,000.00	N/A	N/A	N/A
anti-freeze	\$200.00	\$200.00	N/A	N/A	N/A
Sub-total	\$1,219,060.00	\$1,106,183.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Antennas**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ATW11H4-HTC4- 14H	\$260,705.00	\$248,375.00		\$0.00	
temporary antenna	\$6,975.00	\$6,975.00	to minimize  "off air"  time while  main  antenna  and  transmitter  are  replaced.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A
Sub-total	\$260,705.00	\$248,375.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Transmission Line**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description Interim Transmission Line	Predetermined Cost Estimate \$31,750.00	Estimated Cost \$30,250.00	Estimated Cost Justification	Actual Cost \$0.00	Actual Cost Justification
Flexible Air Transmission Line - dielectric, 1 5/8"	\$24,750.00	\$23,250.00	N/A	N/A	N/A
misc hardware	\$7,000.00	\$7,000.00	connectors, hanging brackets, etc. needed for installation of temporary transmission line which will feed the temporary antenna	N/A	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$31,750.00	\$30,250.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Tower Equipment and Rigging Costs**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$210,500.00	\$200,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$200,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Outside Professional Services**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$32,080.00	\$26,500.00		\$0.00	
Additional Field Engineering Service, 2 Days	\$4,000.00	\$4,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$750.00	N/A	N/A	N/A
Sub-total	\$32,080.00	\$26,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Other Expenses**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$49,645.00	\$49,090.00		\$0.00	
MVPD Notification of Channel Change	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$30,000.00	\$30,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$6,000.00	\$6,000.00	disposal of old transmitter equipent	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$400.00	\$400.00	production time	N/A	N/A
Sub-total	\$49,645.00	\$49,090.00	N/A	\$0.00	N/A
Total for all systems	\$1,803,740.00	\$1,660,398.00	N/A	\$0.00	N/A

#### Components

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,803,740.00	\$1,660,398.00	\$0.00

# Status The facility has ceased operating on its preauction channel. Construction of final facilities or all necessary modifications are complete. All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399

from further editing and begin close-out procedures with the Fund Administrator.

Section Question Response

# Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
  Person signing
  below certifies that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Robert D'Andrea

President

07/31/2017

#### **Attachments**